

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		3				
6		3				
7		3				
8		3				
9	1					
10		1				
11		1				
12		1				
13		1				
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42		1				
43		1				
44		1				
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.		47				
TOTAL CLAIMS	52					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
52								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								